a bad prognosis, as such symptoms indicate that the inflammation has extended to the periphery of the brain, and the arachnoid membrane. The state of the intellect is also a matter of importance; the more intact and undisturbed it is, the greater is the chance that the affection of the brain is confined within a small compass. Here, however, I am anxious to impress this upon your minds, that the absence of delirium should not mislead you, or induce you to form any favourable conclusions on that account alone, in cases of encephalitis, for it is a fact that we may have extensive and fatal disease of the substance of the brain without delirium. I need not tell you that convulsions, or paralysis of one side, do not indicate so unfavourable a prognosis, as where both sides are engaged. Lastly, you should bear in mind that cases of inflammation of the substance of the brain are very subject to relapse. All these circumstances should be taken into account, and a favourable prognosis should be always formed with a great deal of caution.—*Ibid.*

26. *Softening of the Brain.* By William Stokes, M. D.—The term *ramollissement*, or softening of the brain, is one which is very extensively used, and I fear often without any precise idea of its meaning. In ninety-nine cases out of a hundred this ramollissement will be found to depend upon local inflammation of the brain; of this I do not entertain the slightest doubt. I think we may very safely consider it as analogous to the softening of the lungs, liver, or spleen, or from inflammation of their texture. There is a peculiar softening of the brain in old persons, which we cannot connect with actual inflammation, but in all cases in the child, and in almost every case in the adult, ramollissement of the brain will be found to depend on inflammation. I do not mean to infer from this that it is in our power to cure every case of softening of the brain, for when it once sets in, the great probability is that the texture of the affected part is destroyed; but we can cure many cases by subduing the inflammation from which it derives its origin. Of course we cannot expect to accomplish this in the case of old persons, where the symptoms come on without any inflammatory phenomena, as in that peculiar softening of the brain, which forms the subject of Rostan's work, and occurs in persons beyond the age of seventy. This appears to be a species of senile gangrene. That form of ramollissement, which occurs in adults and children, is, however, very different from this, being, in the vast majority of cases, the result of inflammation. You will hardly ever dissect a case of partial encephalitis in the adult, or of hydrocephalus in the child, without finding more or less of this inflammatory softening.—*Ibid.*

MATERIA MEDICA.

27. *On the different Action of Remedies on different Tissues.*—In our speculations on the modus operandi of medicines, it has been too much the practice to speak of the action of remedies on the system, as if the organism were an unit, instead of being composed of numerous tissues possessing various susceptibilities, modes of sensibility and of affectibility; and as if the modifications produced by each remedy were identical in all the various tissues, instead of being entirely different. It is in vain, whilst such a course is pursued, to expect that any advancement can be made in our knowledge of the action of medicines, or that our therapeutics shall acquire any degree of certainty. M. Nauche has called the attention of the Society of Practical Medicine at Paris to this subject, in communicating to it the results of some experiments made with a view of showing the diversity of action of different remedies on different tissues. We derive the following notice of these experiments from *La Lancette Française*, of 11th September, 1834. When we touch the surface of the brain of a living animal with nitric acid, it exhibits no signs of sensibility; but if we touch, with the same acid, the membranes of this organ, or the neighbouring parts, the animal utters the most violent cries.

Opium and its compounds, cold, ice, acids, and especially the hydrocyanic,

alkalies, bitters, camphor, assafœtida, different preparations of lead, of iron, of zinc, of arsenic, applied to the denuded skin, and to some parts of the fibro-vascular system, act as excitants; they produce, in these parts, irritation, pain, and inflammation. Applied to the brain and medullary substance of the nervous system, these substances are mostly sedatives in different degrees; they weaken the action of these organs without inducing sensible and primary phenomena of irritation and inflammation.

Heat, mucilages, mild wines, ether, blood-letting, are sedatives to the fibro-vascular system, and excitants to the tissues of the cerebro-nervous systems.

28. *Arsenic.*—Dr. Strohmayer, in his *Medicinische Praktische*, relates in exemplification of the extent to which the system may become accustomed to the operation of arsenic, that a peasant in the Tyrol, for a long time took ten grains of arsenic daily with his food. The inmates of the convent fully testify to the truth of this statement.—*L. M. and S. Journ.*

29. *Opium.*—Dr. Strohmayer, during the Turkish war, knew a wounded officer who daily took two drachms of opium to produce sleep. Beruts mentions a woman who was wounded in the pubic region, who often took two hundred grains a day, and who in thirty-three years had used two hundred pounds weight of opium. Schlegel has published the case of a female, aged forty-nine, who for six years daily took more than three hundred grains. At the age of seventy she died.—*Ibid.*

PRACTICE OF MEDICINE.

30. *Treatment of Painters' Colic.* By William Stokes, M. D.—It is a fortunate circumstance that this disease is seldom fatal, and it is some consolation to think that, although the patient's sufferings are dreadful and often protracted, there is little danger of life, and that the complaint is almost always amenable to judicious treatment. I have been for some years in the habit of treating it in a routine way, and can speak from experience of its success,—of course this treatment is to be modified by circumstances. Suppose a patient applies to you with violent pain about the navel, a hard and retracted state of the abdomen, obstinate costiveness, and the other symptoms which characterize an attack of painters' colic; the first thing I would advise you to do is to prescribe a full opiate. Many persons would object to this, and say that there is constipation enough already, and that opening the bowels would be much more likely to give relief. But opium does not here add to the constipation; indeed, so far from doing this, it sometimes acts as a laxative. At all events, it is a remedy which is perfectly unobjectionable. Give, then, in the first place, a full opiate, it will have the effect of relieving the patient's sufferings, and will enable you to gain time for the employment of other means. The next thing is to place the patient in a hip-bath, and keep him in it as long as possible. Do not neglect this, for I know of nothing that gives more decided relief. I have often seen cases where the patient was quite easy while he remained in the bath, but experienced a return of the pain as soon as he left it. If you have no means of procuring a bath in this way; the next best thing is to have recourse to emollient stupes containing some narcotic, after the manner first introduced by my colleague, Dr. Graves. One of the best of this kind is the tobacco stupe, if you cannot get this you may employ poppy-heads for the same purpose. The tobacco stupe is much better than the tobacco injection, because its effect can be more easily regulated, but in violent cases I am in the habit of combining both, employing the stupe during the paroxysms of pain and throwing up a tobacco enema every four or six hours, until a decided impression has been made on the symptoms. In the success which has attended my distinguished friend Dr. O'Beirne's treatment of tetanus by the use of tobacco we see an analagous effect. In this way you will succeed in giving re-